

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)		Attorney Docket No. J6638(C)	
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first and sole inventor (if only one name is listed below) or an original first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center;"><b>A SYSTEM FOR CUSTOMIZING PERSONAL CARE PRODUCTS</b></p> <p>the specification of which (check only one item below):</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed as United States application Serial No. _____ on _____ and was amended on _____ (if applicable)</p> <p><input type="checkbox"/> was filed as PCT international application _____ on _____ and was amended under PCT Article 19 on _____ (if applicable)</p> <p>I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:</p>			
<b>PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:</b>			
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119

I hereby claim the benefit under Title 35, United States Code §119(e) of any of any United States provisional application(s) listed below:

<b>PRIOR U.S. PROVISIONAL APPLICATION(S) FOR BENEFIT UNDER 35 U.S.C. 119(e)</b>	
APPLICATION NUMBER	DATE OF FILING (day, month, year)
60/227,807	25 AUGUST 2000

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120.**

U.S. APPLICATIONS		STATUS (CHECK ONE)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED

PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

CUSTOMER NUMBER: 000201

Direct all correspondence to : CUSTOMER NUMBER 000201

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201

FULL NAME OF INVENTOR	FAMILY NAME SHANA'A	FIRST GIVEN NAME MAY	SECOND GIVEN NAME —
RESIDENCE AND CITIZENSHIP	CITY FORT LEE	STATE OR FOREIGN COUNTRY NEW JERSEY	COUNTRY OF CITIZENSHIP UK
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1265 FIFTEENTH STREET, APT. #10F	CITY FORT LEE	STATE & ZIP CODE/COUNTRY NJ 07024

202

FULL NAME OF INVENTOR	FAMILY NAME CHENEY	FIRST GIVEN NAME MICHAEL	SECOND GIVEN NAME CHARLES
RESIDENCE & CITIZENSHIP	CITY FAIRFIELD	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 383 SIGWIN DRIVE	CITY FAIRFIELD	STATE & ZIP CODE/COUNTRY CT 06430

203

FULL NAME OF INVENTOR	FAMILY NAME AVENA	FIRST GIVEN NAME ROBERT	SECOND GIVEN NAME —
RESIDENCE & CITIZENSHIP	CITY NEW YORK	STATE OR FOREIGN COUNTRY NEW YORK	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 12 PERRY STREET, APT. 6D	CITY NEW YORK	STATE & ZIP CODE/COUNTRY NY 10014

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR <i>May Shana'a</i> DATE <i>9/14/01</i>	201	SIGNATURE OF INVENTOR <i>Michael Charles Cheney</i> DATE <i>9/14/01</i>	202	SIGNATURE OF INVENTOR  DATE	203
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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

Attorney Docket No.  
J6638(C)

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204

FULL NAME OF INVENTOR	FAMILY NAME KEATING	FIRST GIVEN NAME KEVIN	SECOND GIVEN NAME ---
RESIDENCE AND CITIZENSHIP	CITY DARIEN	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 16 LAForge ROAD	CITY DARIEN	STATE & ZIP CODE/COUNTRY CT 06820

205

FULL NAME OF INVENTOR	FAMILY NAME SLAVTCHEFF	FIRST GIVEN NAME CRAIG	SECOND GIVEN NAME STEPHEN
RESIDENCE & CITIZENSHIP	CITY GUILFORD	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 228 FLAGMARSH DRIVE	CITY GUILFORD	STATE & ZIP CODE/COUNTRY CT 06437

206

FULL NAME OF INVENTOR	FAMILY NAME DOBKOWSKI	FIRST GIVEN NAME BRIAN	SECOND GIVEN NAME JOHN
RESIDENCE & CITIZENSHIP	CITY MILFORD	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 220 POND POINT AVENUE	CITY MILFORD	STATE & ZIP CODE/COUNTRY CT 06460

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR	204	SIGNATURE OF INVENTOR	205	SIGNATURE OF INVENTOR	206
DATE		DATE	6/15/01	DATE	9/14/01

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CUSTOMER NUMBER: 000201

Direct all correspondence to : CUSTOMER NUMBER 000201

204

FULL NAME OF INVENTOR	FAMILY NAME PAREDES	FIRST GIVEN NAME ROSA	SECOND GIVEN NAME —
RESIDENCE AND CITIZENSHIP	CITY SHELTON	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 8 CRANBERRY LANE	CITY SHELTON	STATE & ZIP CODE/COUNTRY CT 06484

205

FULL NAME OF INVENTOR	FAMILY NAME MARGOSIAK	FIRST GIVEN NAME MARION	SECOND GIVEN NAME LOUISE
RESIDENCE & CITIZENSHIP	CITY HAMDEN	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 475 DUNBAR HILL ROAD	CITY HAMDEN	STATE & ZIP CODE/COUNTRY CT 06514

206

FULL NAME OF INVENTOR	FAMILY NAME BRIDGES	FIRST GIVEN NAME CHRISTY	SECOND GIVEN NAME ---
RESIDENCE & CITIZENSHIP	CITY FAIRFIELD	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1451 FAIRFIELD WOODS ROAD	CITY FAIRFIELD	STATE & ZIP CODE/COUNTRY CT 06432

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR <i>Rosa Paredes</i>	204	SIGNATURE OF INVENTOR <i>Marion Margasiak</i>	205	SIGNATURE OF INVENTOR <i>Christy Bridges</i>	206
DATE <i>5/16/01</i>		DATE <i>6/13/01</i>		DATE <i>5/8/01</i>	

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

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CUSTOMER NUMBER: 000201

Direct all correspondence to : CUSTOMER NUMBER 000201

204

FULL NAME OF INVENTOR	FAMILY NAME SICILIANO	FIRST GIVEN NAME MARCINA	SECOND GIVEN NAME ---
RESIDENCE AND CITIZENSHIP	CITY NEW HAVEN	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 233 EDWARDS STREET	CITY NEW HAVEN	STATE & ZIP CODE/COUNTRY CT 06511


205

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

206

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

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SIGNATURE OF INVENTOR  DATE 9/6/01	SIGNATURE OF INVENTOR  DATE	SIGNATURE OF INVENTOR  DATE
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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

Attorney Docket No.  
J6638(C)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A SYSTEM FOR CUSTOMIZING PERSONAL CARE PRODUCTS**

the specification of which (check only one item below):

is attached hereto.

9 was filed as United States application Serial No. \_\_\_\_\_ on \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable)

9 was filed as PCT international application \_\_\_\_\_ on \_\_\_\_\_ and was amended under PCT Article 19 on \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119

I hereby claim the benefit under Title 35, United States Code § 119(e) of any of any United States provisional application(s) listed below:

**PRIOR U.S. PROVISIONAL APPLICATION(S) FOR BENEFIT UNDER 35 U.S.C. 119(e)**

APPLICATION NUMBER	DATE OF FILING (day, month, year)
60/227,807	25 AUGUST 2000

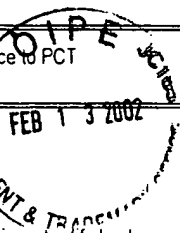
I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code § 112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120.**

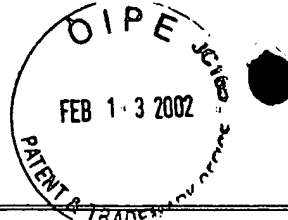
U.S. APPLICATIONS		STATUS (CHECK ONE)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED

**PCT APPLICATIONS DESIGNATING THE U.S.**

PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)		



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201

FULL NAME OF INVENTOR	FAMILY NAME SHANA'A	FIRST GIVEN NAME MAY	SECOND GIVEN NAME ---
RESIDENCE AND CITIZENSHIP	CITY FORT LEE	STATE OR FOREIGN COUNTRY NEW JERSEY	COUNTRY OF CITIZENSHIP UK
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1265 FIFTEENTH STREET, APT. #10F	CITY FORT LEE	STATE & ZIP CODE/COUNTRY NJ 07024

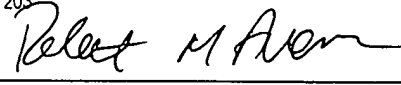
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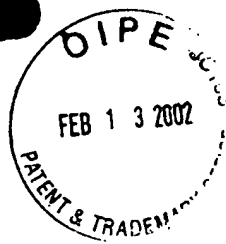
FULL NAME OF INVENTOR	FAMILY NAME CHENEY	FIRST GIVEN NAME MICHAEL	SECOND GIVEN NAME CHARLES
RESIDENCE & CITIZENSHIP	CITY FAIRFIELD	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 383 SIGWIN DRIVE	CITY FAIRFIELD	STATE & ZIP CODE/COUNTRY CT 06430

203

FULL NAME OF INVENTOR	FAMILY NAME AVENA	FIRST GIVEN NAME ROBERT	SECOND GIVEN NAME ---
RESIDENCE & CITIZENSHIP	CITY NEW YORK	STATE OR FOREIGN COUNTRY NEW YORK	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 12 PERRY STREET, APT. 6D	CITY NEW YORK	STATE & ZIP CODE/COUNTRY NY 10014

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203 
DATE	DATE	DATE 1/11/02



COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)	Attorney Docket No. J6638(C)
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CUSTOMER NUMBER: 000201

Direct all correspondence to : CUSTOMER NUMBER 000201

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204

FULL NAME OF INVENTOR	FAMILY NAME KEATING	FIRST GIVEN NAME KEVIN	SECOND GIVEN NAME ---
RESIDENCE AND CITIZENSHIP	CITY DARIEN	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 16 LAForge ROAD	CITY DARIEN	STATE & ZIP CODE/COUNTRY CT 06820

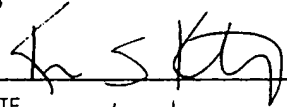
205

FULL NAME OF INVENTOR	FAMILY NAME SLAVTCHEFF	FIRST GIVEN NAME CRAIG	SECOND GIVEN NAME STEPHEN
RESIDENCE & CITIZENSHIP	CITY GUILFORD	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 228 FLAGMARSH DRIVE	CITY GUILFORD	STATE & ZIP CODE/COUNTRY CT 06437

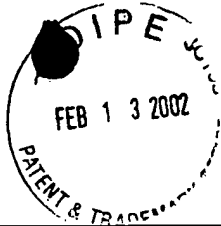
206

FULL NAME OF INVENTOR	FAMILY NAME DOBKOWSKI	FIRST GIVEN NAME BRIAN	SECOND GIVEN NAME JOHN
RESIDENCE & CITIZENSHIP	CITY MILFORD	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 220 POND POINT AVENUE	CITY MILFORD	STATE & ZIP CODE/COUNTRY CT 06460

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204 	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE 1/11/02	DATE	DATE





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CUSTOMER NUMBER: 000201

Direct all correspondence to : CUSTOMER NUMBER 000201

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204

FULL NAME OF INVENTOR	FAMILY NAME PAREDES	FIRST GIVEN NAME ROSA	SECOND GIVEN NAME ---
RESIDENCE AND CITIZENSHIP	CITY SHELTON	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 8 CRANBERRY LANE	CITY SHELTON	STATE & ZIP CODE/COUNTRY CT 06484

205

FULL NAME OF INVENTOR	FAMILY NAME MARGOSIAK	FIRST GIVEN NAME MARION	SECOND GIVEN NAME LOUISE
RESIDENCE & CITIZENSHIP	CITY HAMDEN	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 475 DUNBAR HILL ROAD	CITY HAMDEN	STATE & ZIP CODE/COUNTRY CT 06514

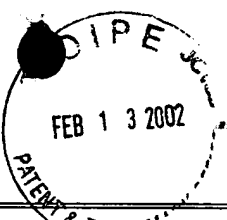
206

FULL NAME OF INVENTOR	FAMILY NAME BRIDGES	FIRST GIVEN NAME CHRISTY	SECOND GIVEN NAME ---
RESIDENCE & CITIZENSHIP	CITY FAIRFIELD	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 1451 FAIRFIELD WOODS ROAD	CITY FAIRFIELD	STATE & ZIP CODE/COUNTRY CT 06432

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SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

04/04/00



COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)	Attorney Docket No. J6638(C)
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204

FULL NAME OF INVENTOR	FAMILY NAME SICILIANO	FIRST GIVEN NAME MARCINA	SECOND GIVEN NAME ---
RESIDENCE AND CITIZENSHIP	CITY NEW HAVEN	STATE OR FOREIGN COUNTRY CONNECTICUT	COUNTRY OF CITIZENSHIP USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 233 EDWARDS STREET	CITY NEW HAVEN	STATE & ZIP CODE/COUNTRY CT 06511

205

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

206

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

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DATE	DATE	DATE